St. Andrew Summer Camp
Helper Information Form 2017

Name _____ **Grade in Fall 2017** _____
Mailing Address _____
Town/ST/Zip _____
Email Address _____

I'd like to help with:

_____ **Kinder Camp (3-5 year olds) ..... July 10th -14th ... 9:00 a.m. - 1:00 p.m.**
__ M __ T __ W __ TH __ F

_____ **Day Camp (1st - 5th graders) ..... July 24th – 28th ...9:00 a.m. - 3:00 p.m.**
__ M __ T __ W __ TH __ F

_____ **Beach Camp (6-9th graders).....July 17th – 21st ....10:00 a.m.- 3:00 p.m.**

_____ M _____ T _____ W _____ Th _____ F _____ Kayaking Only

_____ **A.M.** _____ **P.M.**

T-Shirt Size: ***[If you'd like a t-shirt, please add $5.00 to your registration fee)***
❑Youth L
❑Adult S **❑Adult** M **❑Adult** L **❑Adult** XL **❑Adult** XXL

Parent's Name(s) _____ Home Phone _____
Cell Phone _____

Emergency Contact (***during camp hours***) _____
Phone _____

My child is allergic to the following foods, medicines, etc: _____
_____

If I, or my emergency contact person, are unreachable by phone, I authorize counselors and staff from St. Andrew Lutheran Church to seek emergency medical attention for my child named above, should the need arise.

Parent/Guardian's Signature _____ **Print Name Here** _____

Photo Release

Please sign the appropriate statement to either Grant **OR** Refuse permission to use pictures of your children on the church website and/or for other church publicity. Please return this form to the church office.

I, _____(Please print your name) **GRANT permission** for St. Andrew Lutheran Church to publish photos of my child(ren). _____[Sign Here]

OR

I, _____ [Please print your name] **DO NOT grant permission** for St. Andrew Lutheran Church to publish photos of my child(ren). _____ [Sign Here]